



CITY OF SEATTLE DEPARTMENT OF NEIGHBORHOODS

Neighborhood Matching Fund Program

2010 Small Sparks Fund Application

FOR INTERNAL USE ONLY

Project #:

Date Received:

PROJECT INFORMATION

Project name:

Project address or location:

Briefly describe the project:

Project district (check one):

- ☐ Ballard ☐ Delridge ☐ East ☐ Lake Union ☐ North ☐ Northwest ☐ Southwest
☐ Central ☐ Downtown ☐ Greater Duwamish ☐ Magnolia / Queen Anne ☐ Northeast ☐ Southeast ☐ Citywide

For a map of the districts [click here](#).

APPLICANT CONTACT INFORMATION

All NMF correspondence will be mailed to the contact person.

Applicant group:

Project contact person:

Mailing address:

Zip code:

Day/Work phone:

Evening/Home phone:

Home email address:

PROJECT FUNDING REQUEST

TOTAL request from the City (up to \$1,000):

\$

TOTAL value of neighborhood match:

\$

DEPARTMENT OF NEIGHBORHOODS STAFF ASSISTANCE

Provide the name of the DON staff member who assisted you:

The signatory declares that s/he is the elected chair or president of the applicant group or agrees to lead the group to undertake this project, and that any funds received as a result of the application will be used only for purposes set forth herein.

Name (print):

Signature:

☐ Submitted electronically

Address/Zip:

Day Phone:

PROPOSAL NARRATIVE**PROPOSED IDEA**

The purpose of all Neighborhood Matching Fund (NMF) projects is to create stronger, more connected neighborhoods and communities. Explain **why you want to do this project** and **what you will do**.

NEIGHBORHOOD INVOLVEMENT/COMMUNITY BUILDING

NMF projects build community by intentionally bringing people together. Describe your **group or organization**. Talk about **what you have done** to build awareness about your project, **with whom you have been working** and **who else will be involved** in your project.

OUTCOMES

A successful project will have a vision for success and be driven by achievable outcomes. Talk about **how**, after your project is completed, **your community will be positively changed**.

PROJECT RESOURCES

Using the following budget worksheet, describe your **budget** and resources for **community match**.

BUDGET List the details of your project's budget.

| Project Expense Description (staff, professional services, supplies, materials, construction, etc.) | NMF Funding Request |
|---|------------------------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| Grand Total | \$ |

COMMUNITY MATCH List the sources of your match.

| Community Match (volunteer labor, in-kind services, donated materials/supplies, cash) | Match Value |
|---|-------------|
| Volunteer labor* | \$ |
| <input type="checkbox"/> cash <input type="checkbox"/> in-kind | \$ |
| <input type="checkbox"/> cash <input type="checkbox"/> in-kind | \$ |
| <input type="checkbox"/> cash <input type="checkbox"/> in-kind | \$ |
| <input type="checkbox"/> cash <input type="checkbox"/> in-kind | \$ |
| <input type="checkbox"/> cash <input type="checkbox"/> in-kind | \$ |
| <input type="checkbox"/> cash <input type="checkbox"/> in-kind | \$ |
| Grand Total | \$ |

Physical improvement projects (where something tangible and lasting, such as a playground or public art, is being created) require a 1:1 match (the community match must equal the funding request).

Non-physical projects (such as design, planning, events, etc.) require a 1/2:1 match (the community match must equal at least half of the funding request).

*Count volunteer labor at \$20/hour. Count in-kind professional services at their customary rates, up to a maximum of \$75/hour.

APPLICATION CHECKLIST

- ☐ Review NMF guidelines.
- ☐ Complete cover page.
- ☐ Complete narrative.
- ☐ Complete budget worksheet.

Proposal Information

- Use only the space provided for responses. Do not add additional pages.
- Consider submitting the application electronically (in PDF) using the Submit button below. If submitted electronically, please check/mark the signature box on the cover page.
- If submitting by hard copy, do not bind or enclose application materials in folders.

Deadline

- Small Sparks Fund applications are accepted year-round.
- Applications must be received at least six weeks prior to the start of the project.

Submission Locations

Submit your application in any of the following ways:

IN-PERSON Department of Neighborhoods
700 5th Avenue, 17th Floor
Seattle, WA 98104

or

Neighborhood Service Centers

U.S. POSTAL SERVICE PO Box 94649
Seattle, WA
98124-4649

EMAIL NMFund@seattle.gov
(must be in PDF format)

SUBMIT FORM

I agree that clicking "submit" is equivalent to the **elected chairperson/ president's** signature on this application form. It certifies that I am **authorized to submit** it on behalf of the organization, the statements herein are true, complete and accurate to the best of my knowledge.

Questions?

For more information about the Neighborhood Matching Fund program, please contact us or visit our website.

PHONE: (206) 233-0093

EMAIL: NMFund@seattle.gov

WEBSITE: <http://seattle.gov/neighborhoods/nmf/>

PUBLIC DISCLOSURE/DISCLAIMER STATEMENT Consistent with the Public Records Act, Chapter 42.56 RCW, all records within the possession of the City may be subject to a public disclosure request and may be distributed or copied. Records include and are not limited to sign-in sheets, contracts, emails, notes, correspondence, etc. Use of lists of individuals or directory information (including address, phone or email) may not be used for commercial purposes.

Small Sparks is administered by the City of Seattle Department of Neighborhoods and was designed in collaboration with Community Innovations of Bristol, Vermont.

Date revised: January 4, 2010